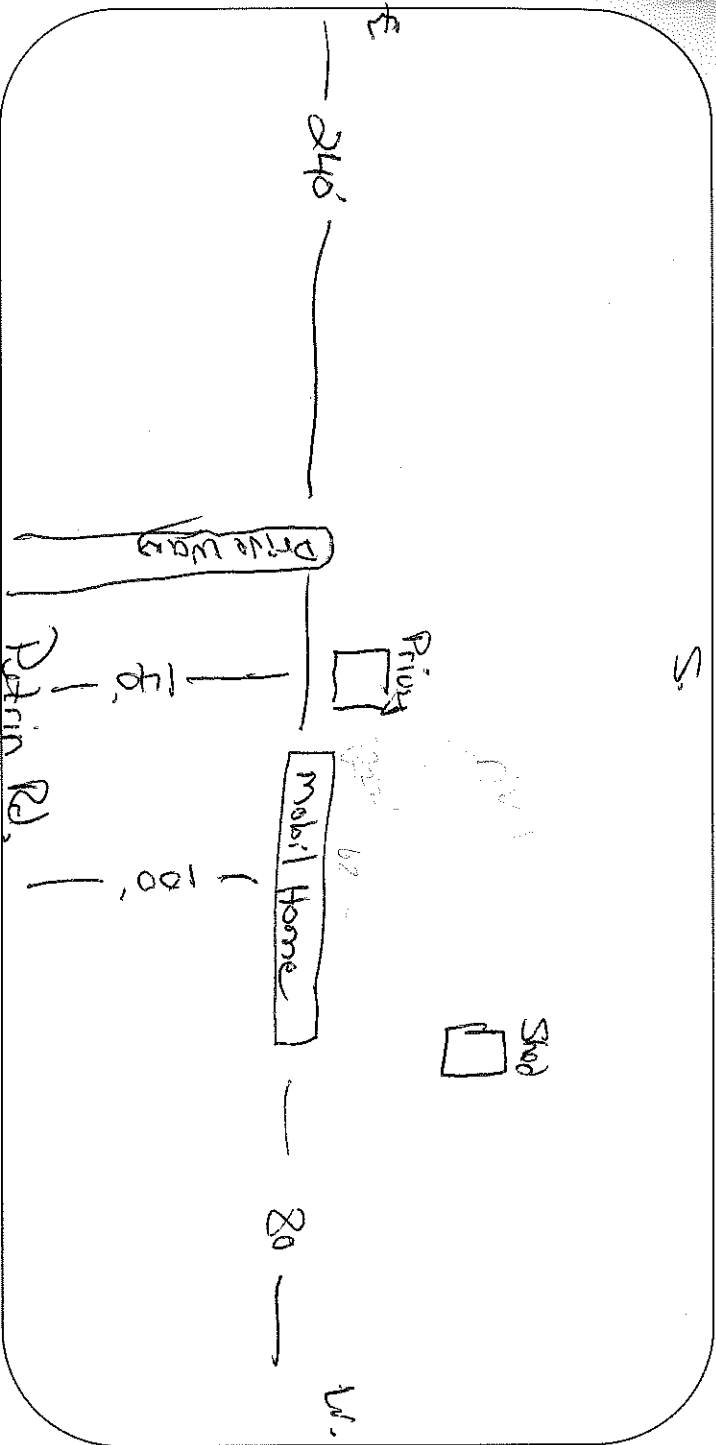




Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
- (2) Show / Indicate: **North (N) on Plot Plan**
- (3) Show Location of (\*): **(\*) Driveway and (\*) Frontage Road (Name Frontage Road)**
- (4) Show: **All Existing Structures on your Property**
- (5) Show: **(\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)**
- (6) Show any (\*): **(\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond**
- (7) Show any (\*): **(\*) Wetlands; or (\*) Slopes over 20%**



Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	100 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	100 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	80 Feet	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	240 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		Feet
Setback to Privy (Portable, Composting)	140 Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number: <u>08-0495</u>	# of bedrooms: <u>N/A</u>	Sanitary Date: <u>9/11/2008</u>		
Permit Denied (Date):		Reason for Denial:				
Permit #: <u>13-00057</u>		Permit Date: <u>7-26-13</u>				
Is Parcel a Sub-Standard Lot		<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is Parcel in Common Ownership		<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Is Structure Non-Conforming		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)		Case #: <u>N/A</u>		Case #: <u>N/A</u>		
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	Was Property Surveyed	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Inspection Record:						
Date of Inspection: <u>7-17-13</u>		Inspected by: <u>Dr. Greenhof Murphy</u>		Date of Re-Inspection: <u>N/A</u>		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached)						
Condition of Privy/RV Permit in 2008 = REMOVE RV BY 9/12/2013.						
Property owner work is toward compliance with permit						
Issued for temporary placement only. Town Board						
Apparent request for permanent placement of mobile home						
Signature of Inspector:		Date of Approval: <u>7-26-13</u>				
Hold For Sanitary: <input type="checkbox"/>	Hold For IBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>		

SUBMITT: COMPLETED APPLICATION, TAX  
STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN  
JUL 19 2013  
Bayfield Co. Zoning Dept.

Permit #: 13-08013  
Date: 7-28-13  
Amount Paid: \$875  
Refund: 7-28-13

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website [www.bayfieldcounty.org/zoning.asp](http://www.bayfieldcounty.org/zoning.asp))

TYPE OF PERMIT REQUESTED: ☒ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name: Ron Bartlett  
Address of Property: 63380 Trout Lake Rd  
City/State/Zip: 4117 Allison St Plano IL 60545  
Telephone: 715 378-6072  
Cell Phone:

Contractor: US Cashier Builders (Nate Johnson)  
Authorized Agent: (Person Signing Application on behalf of Owner(s))  
Contractor Phone: 715-817-1350  
Plumber: WI 54856  
Agent Phone: 715-817-1350  
Agent Mailing Address (include City/State/Zip): 6430 Trout Lake Rd WI 54847  
Written Authorization Attached: ☐ Yes ☒ No

PROJECT LOCATION: NW 1/4, SE 1/4  
Legal Description: (Use Tax Statement)  
PIN: (23 digits) 04-016-2-46-08-044-02-000  
Recorded Document: (i.e. Property Ownership) Volume 870 Page(s) 789  
Subdivision: 10000

Section 4, Township 46 N, Range 8 W  
Town of: Mason  
Lot Size: Acreage 3.870

☒ Shoreland ☐ Non-Shoreland

☐ Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? ☐ If Yes---continue ☒ If Yes---continue ☐ Distance Structure is from Shoreline: feet  
Distance Structure is from Shoreline: 200 feet  
Is Property in Floodplain Zone? ☐ Yes ☒ No  
Are Wetlands Present? ☐ Yes ☒ No

Value at Time of Completion: \$14,000  
(What are you applying for)

Project and/or basement

Use

# of Stories of bedrooms

What Type of Sewer/Sanitary System Is on the property?

Water

<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	Specify Type: _____	<input type="checkbox"/> City
<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	Specify Type: _____	<input checked="" type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists)	Specify Type: _____	<input type="checkbox"/> _____
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	_____	<input type="checkbox"/> _____
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> None	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	_____	<input type="checkbox"/> _____
<input checked="" type="checkbox"/> Garage	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet	_____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> None	_____	<input type="checkbox"/> _____

Existing Structure: (if permit being applied for is relevant to it)  
Proposed Construction:

Length: 28' Width: 24' Height: 16'

Proposed Use

Proposed Structure

Dimensions

Square Footage

<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	( ) X )	
	Residence (i.e. cabin, hunting shack, etc.)	( ) X )	
	with Loft	( ) X )	
	with a Porch	( ) X )	
	with (2nd) Deck	( ) X )	
	with (2nd) Deck	( ) X )	
	with Attached Garage	( ) X )	
<input type="checkbox"/> Commercial Use	Bunkhouse w/ ( ) sanitary, <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> cooking & food prep facilities	( ) X )	
	Mobile Home (manufactured date)	( ) X )	
	Addition/Alteration (specify)	( ) X )	
<input checked="" type="checkbox"/> Municipal Use	Accessory Building (specify) garage	( 24 x 28 )	672
	Accessory Building Addition/Alteration (specify)	( ) X )	
Rec'd for Issuance	Special Use: (explain)	( ) X )	
	Conditional Use: (explain)	( ) X )	
JUL 22 2013	Other: (explain)	( ) X )	

Secretarial Staff

FAILURE TO OBTAIN A PERMIT OF STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I, the undersigned, am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Nate Johnson  
(If there are Multiple Owners listed on the Deed All Owners must sign of letter(s) of authorization must accompany this application)

Date 7-17-13

Authorized Agent: (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Date

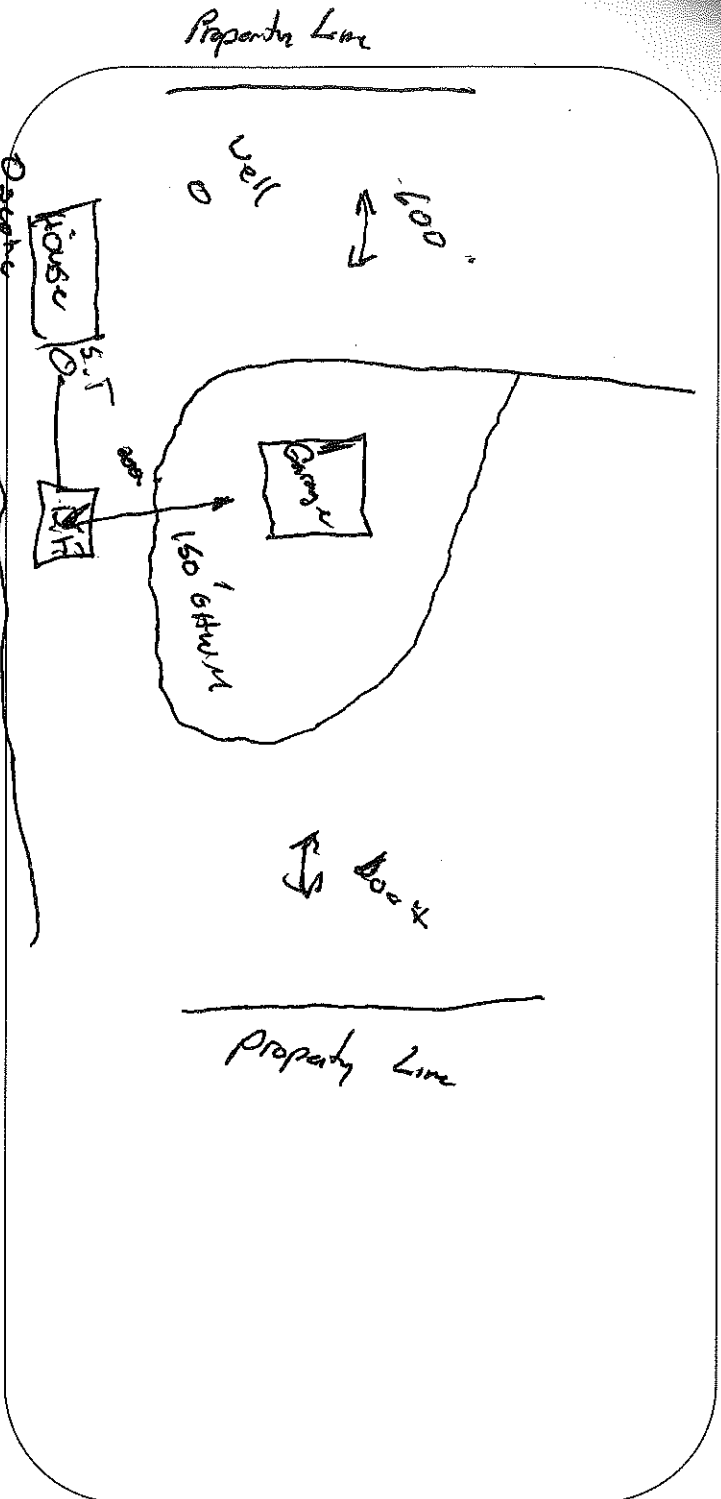
Address to send permit: Nate Johnson, 6430 Iron Lake Rd, Iron River, WI 54847

Copy of Tax Statement

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

[illegible]

- |                           |  |
|---------------------------|--|
| (1) Show location of:     | <b>Proposed Construction</b>   |
| (2) Show / Indicate:      | <b>North (N)</b> on Plot Plan  |
| (3) Show location of (*): | (*) <b>Driveway</b> and (*) <b>Frontage Road</b> (Name Frontage Road)  |
| (4) Show:                 | All Existing Structures on your Property   |
| (5) Show:                 | (*) <b>Well (W)</b> ; (*) <b>Septic Tank (ST)</b> ; (*) <b>Drain Field (DF)</b> ; (*) <b>Holding Tank (HT)</b> and/or (*) <b>Privy (P)</b> |
| (6) Show any (*):         | (*) <b>Lake</b> ; (*) <b>River</b> ; (*) <b>Stream/Creek</b> ; or (*) <b>Pond</b>  |
| (7) Show any (*):         | (*) <b>Wetlands</b> ; or (*) <b>Slopes over 20%</b>  |



please complete (1) - (7) above (prior to continuing)

(8) **Setbacks:** (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	N/A	Setback from the Lake (ordinary high-water mark)	1.58
Setback from the Established Right-of-Way	N/A	Setback from the River, Stream, Creek	N/A
Setback from the North Lot Line	N/A	Setback from the Bank or Bluff	N/A
Setback from the South Lot Line	250	Setback from Wetland	N/A
Setback from the West Lot Line	100+	Setback from 20% Slope Area	N/A
Setback from the East Lot Line	100+	Elevation of Floodplain	N/A
Setback to Septic Tank or Holding Tank	8'5"	Setback to Well	4'0"
Setback to Drain Field	8'5"		
Setback to Privy (Portable, Composting)	N/A		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to site placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) **Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).**

**NOTICE:** All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)			Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):			Reason for Denial:		
Permit #: 13-00003			Permit Date: 7-20-13		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming		<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lots) <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required Affidavit Attached
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Was Parcel Legally Created Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed		
Inspection Record: <i>Well stacked. Metal all stacked.</i>		Zoning District (R-1) Lakes Classification (2)			
Date of Inspection: 7-18-13	Inspected by: <i>MM Furek</i>	Date of Re-Inspection:			
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No -If No they need to be attached.)					
Signature of Inspector <i>Michael Furek</i>			Date of Approval 7-22-13		
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>	



SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN

DATE RECEIVED  
JUL 12 2013

Permit #:	13-0216
Date:	7-29-13
Amount Paid:	\$75
Refund:	7-10-13

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICATION. Bayfield Co. Zoning Dept. OUT THIS APPLICATION (visit our website [www.bayfieldcounty.org/zoning.asp](http://www.bayfieldcounty.org/zoning.asp))

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: Kelly + Susan E Trepanier	Mailing Address: 60830 Co Hwy E Mason WI 54852	City/State/Zip: Mason WI 54852	Telephone: 715 765-4725 Cell Phone: 715 313-6125
Address of Property: 60830 Co Hwy E		Contractor Phone: SAF	Plumber: Plumber Phone:
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone:	Agent Mailing Address (include City/State/Zip):
PROJECT LOCATION NW 1/4, NW 1/4 + S 1/2 NW 1/4 less 5000 452'	Legal Description: (Use Tax Statement) Gov't Lot Lot(s) CSM Vol & Page Lot(s) No. Block(s) No.	PIN: (23 digits) 04-632-2-46-06-24-202-000-2000	Recorded Document: (i.e. Property Ownership) Volume 1006 Page(s) 438 Subdivision: 1051 P230
Section 24, Township 46 N, Range 6 W	Town of: Mason	Lot Size	Acres: 5.17

<input type="checkbox"/> Shoreland <input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 300 Feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <input type="checkbox"/> If yes--continue <input checked="" type="checkbox"/> If yes--continue <input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage <input type="checkbox"/> If yes--continue <input checked="" type="checkbox"/> Distance Structure is from Shoreline: _____ feet <input type="checkbox"/> Distance Structure is from Shoreline: _____ feet	<input type="checkbox"/> Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
--	---	--	--

Value at Time of Completion * include donated time & material \$15,000	Project (what are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> Addition/Alteration	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
<input type="checkbox"/> Conversion	<input type="checkbox"/> Relocate (existing blg)	<input type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> Basement	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: Unsanitary	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/>

Existing Structure: (if permit being applied for is relevant to it)	Length: 26	Width: 24	Height:
Proposed Construction:	Length:	Width:	Height:

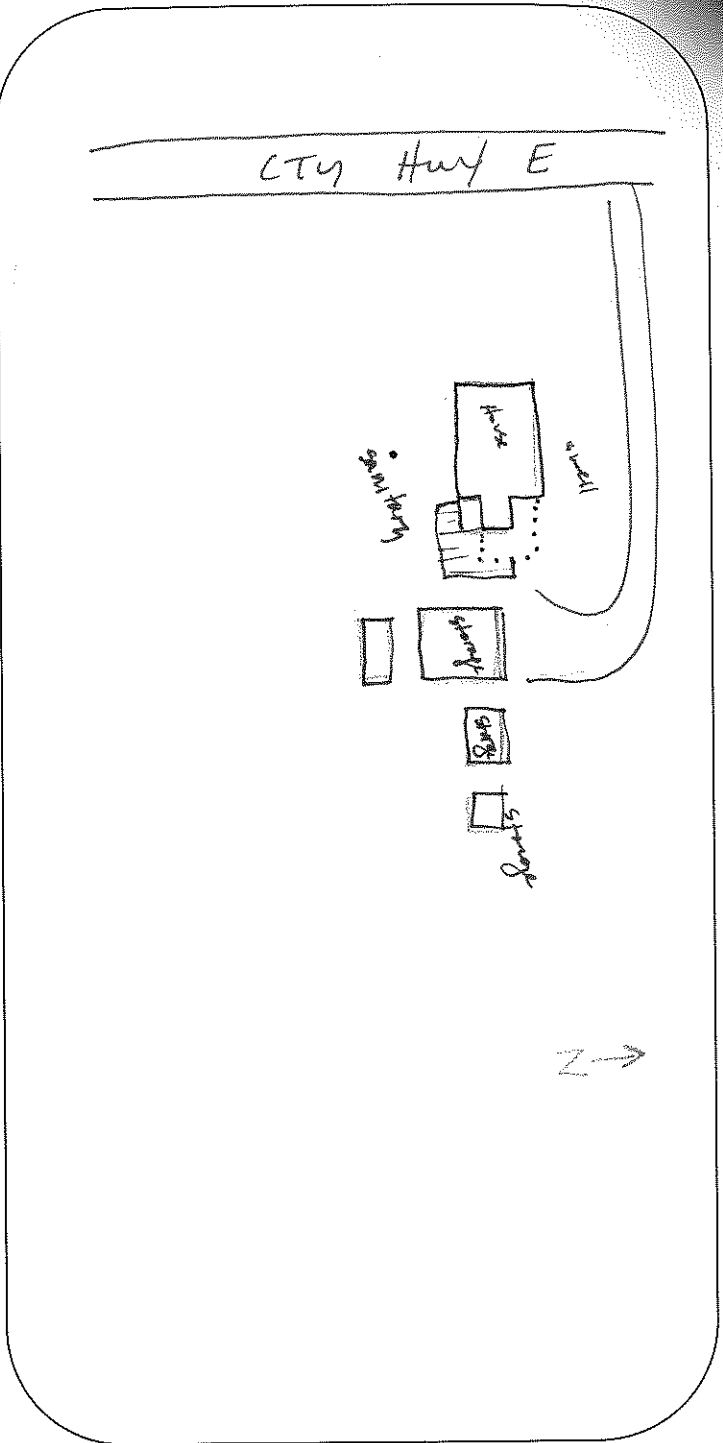
Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	( X )	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	( X )	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> with Loft	( X )	
	<input type="checkbox"/> with a Porch	( X )	
	<input type="checkbox"/> with (2 <sup>nd</sup> ) Porch	( X )	
	<input type="checkbox"/> with a Deck	( X )	
	<input type="checkbox"/> with (2 <sup>nd</sup> ) Deck	( X )	
	<input type="checkbox"/> with Attached Garage	( X )	
	<input type="checkbox"/> Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	( X )	
	<input type="checkbox"/> Mobile Home (manufactured date)	( X )	
	<input checked="" type="checkbox"/> Addition/Alteration (specify)	( 26 X 24 )	242
	<input type="checkbox"/> Accessory Building (specify)	( X )	
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify)	( X )	
Rec'd for Issuance	Special Use: (explain)	( X )	
JUL 29 2013	Conditional Use: (explain)	( X )	
Secretarial Staff	Other: (explain)	( X )	

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): \_\_\_\_\_ Date \_\_\_\_\_  
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)  
Authorized Agent: \_\_\_\_\_ Date \_\_\_\_\_  
(if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)  
Address to send permit \_\_\_\_\_  
If you recently purchased the property send your Recorded Deed

Draw or Sketch your Property (regardless of what you are applying for)

- Show Location of:
- Show / Indicate:
- (\*) Show Location of (\*):
- (\*) Show:
- (\*) Show any (\*):
- (\*) Show any (\*):
- (\*) Show any (\*):
- Proposed Construction
- North (N) on Plot Plan
- (\*) Driveway and (\*) Frontage Road (Name Frontage Road)
- All Existing Structures on your Property
- (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)
- (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond
- (\*) Wetlands; or (\*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	151 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	150 Feet
Setback from the North Lot Line	100 Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	520 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	130 Feet	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	1100 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	17 Feet	Setback to Well	15 Feet
Setback to Drain Field	78 Feet		

Setback to Privy (Portable, Composting)

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: <u>Septic/Convent</u>	# of Bedrooms: <u>3</u>	Sanitary Date: <u>NOT IN DATABASE</u>		
Permit Denied (Date):	Reason for Denial:					
Permit #: <u>13-0016</u>	Permit Date: <u>7-29-13</u>					
Is Parcel a Sub-Standard lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input checked="" type="checkbox"/> Yes (Fused/Contiguous lots)	<input type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #: <u>N/A</u>		
Granted by Variance (B.O.A.)	Case #: <u>N/A</u>					
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	We're Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Inspection Record: <u>REMOVAL OF EXISTING DECK LIMITS TO THE LIFE TIME</u>						
<u>OF THE STRUCTURE ADDITION TO UNDER 200 sq ft.</u>						
Date of Inspection: <u>7-17-13</u>	Inspected by: <u>John Kennedy-Murphy</u>	Date of Re-Inspection: <u>7-14</u>				
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)						
<u>Condition #1: EXISTING NON-PERMITTED DECK SHALL BE REMOVED PRIOR TO CONSTRUCTION</u>						
<u>ON NEW ADDITION</u>						
<u>Condition #2: UNLESS LEASES STAYS + LANDLORD SHALL NOT EXCEED 40 sq ft.</u>						
<u>DEPARTMENT ADVISES OWNER TO HAVE OLD DECK SANITARIELY SYSTEMS</u>						
<u>SIGNATURE OF INSPECTOR: [Signature]</u>						
Date of Approval: <u>7-29-13</u>						
Hold For Sanitary: <input type="checkbox"/>	Hold For IBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>			

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN  
Date Stamp (received)  
JUL 3 0 2013  
Bayfield Co. Zoning Dept.

Permit #:	13-02817
Date:	7-30-13
Amount Paid:	75.00
Refund:	7-30-13

ENTERED

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website [www.bayfieldcounty.org/zoning/asp](http://www.bayfieldcounty.org/zoning/asp))

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: Frank J. Haas	Mailing Address: 4200 N. 4th St M.waukee, WI 53208	City/State/Zip: 414-3425643	Telephone: 414-3425643
Address of Property: 22705 Bill Anderson Rd.		City/State/Zip: Mason, WI 54852	Cell Phone:
Contractor:	Contractor Phone:	Plumber:	Plumber Phone:
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone:	Agent Mailing Address (include City/State/Zip):	
PROJECT LOCATION: NW 1/4, NE 1/4		PIN: (23 digits) 04-032-2.46.06.34.1 02.000.10000	Recorded Document: (i.e. Property Ownership) Volume 1611 Page(s) 232/565
Gov't Lot	Lot(s)	CSM	Vol & Page
Lot(s)	CSM	Vol & Page	Lot(s) No.
Block(s) No.	Subdivision:	Lot Size	Acreage 40 ACRES
Section 34, Township 46 N, Range 6 W		Town of: MASON	

<input type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes—continue →	Distance Structure is from Shoreline: feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes—continue →	Distance Structure is from Shoreline: feet		

Value at Time of Completion * include donated time & material \$ 10000	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	Specify Type: _____	<input type="checkbox"/> City
<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	Specify Type: _____	<input checked="" type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists)	Specify Type: _____	<input type="checkbox"/> _____
<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or _____	Vaulted (min 200 gallon)	<input type="checkbox"/> _____
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> None	<input type="checkbox"/> _____	<input type="checkbox"/> Portable (w/service contract)	_____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet	_____	<input type="checkbox"/> _____
<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> None	_____	<input type="checkbox"/> _____

Existing Structure: (if permit being applied for is relevant to it)	Length: 45'	Width: 20'	Height: 14'
Proposed Construction:	Length: _____	Width: _____	Height: _____

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	<input type="checkbox"/> with Loft	( ) X )	
<input type="checkbox"/> Residential Use	<input type="checkbox"/> with a Porch	<input type="checkbox"/> with (2nd) Deck	( ) X )	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> with (2nd) Deck	<input type="checkbox"/> with Attached Garage	( ) X )	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities)	<input type="checkbox"/> Mobile Home (manufactured date) _____	( ) X )	
	<input type="checkbox"/> Addition/Alteration (specify) _____	<input type="checkbox"/> Accessory Building (specify) 3 SIDED POLE BUILD	( ) X )	900
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	<input type="checkbox"/> _____	( ) X )	
Rec'd for Issuance	<input type="checkbox"/> Special Use: (explain) _____	<input type="checkbox"/> Conditional Use: (explain) _____	( ) X )	
JUL 30 2013	<input type="checkbox"/> Other: (explain) _____	<input type="checkbox"/> _____	( ) X )	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Frank Haas  
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: \_\_\_\_\_

(if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)  
Address to send permit: Will pick up 715-765-4686

If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Attach  
Copy of Tax Statement

Draw or Sketch your Property (regardless of what you are applying for)

- show Location of: Proposed Construction  
Show / Indicate: North (N) on Plot Plan  
(\*) Driveway and (\*) Frontage Road (Name Frontage Road)  
(3) Show Location of (\*): All Existing Structures on your Property  
(4) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)  
(5) Show any (\*): (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond  
(6) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%

SEE ATTACHMENT

Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	*/- 19D Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
		Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	*/- 160 Feet		
Setback from the South Lot Line	*/- 1600 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	*/- 950 Feet	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	*/- 250 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	*/- 130 Feet	Setback to Well	480 Feet
Setback to Drain Field	*/- 150 Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 367348	# of bedrooms: 4	Sanitary Date: 9/29/06		
Permit Denied (Date):	Reason for Denial:					
Permit #: 13-02817	Permit Date: 7-30-13					
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)		Case #: N/A	
Granted by Variance (B.O.A.)	Case #: N/A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Inspection Record: properly owner present for inspection	Zoning District (see 1)		Date of Re-Inspection: N/A			
Date of Inspection: 7-29-13	Inspected by: J. L. G. - Murphy	Lakes Classification (N/A)				
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)						
BUILDING USE NOT FOR HABITATION. NO PRESSURIZED WATER UNLESS SEWER BY APPROVED SANITARY SYSTEM.						
Signature of Inspector: [Signature]		Date of Approval: 7-29-13				
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input checked="" type="checkbox"/>			



